

CREDIT APPLICATION

NAME: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Individual Social Security Number: \_\_\_\_\_

BUSINESS TYPE: (Check One): ( ) Corporation ( ) Partnership ( ) Individual

CORPORATION

Name of Corporate Officer: \_\_\_\_\_

Name of General Manager: \_\_\_\_\_

INDIVIDUAL OR PARTNERSHIP

Name and Address of Owner or Owners: (1) \_\_\_\_\_

(2) \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

TRADE REFERENCE #1:

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

TRADE REFERENCE #2:

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

TRADE REFERENCE #3:

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

TRADE REFERENCE #4

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

TRADE REFERENCE #5:

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I agree to pay all invoices by the due date. I also authorize Electronic Specialty Company to check my credit references and bank account information as well as obtain a credit report from a credit reporting bureau. A photo copy of this application for credit will service as authorization to release information.

Any invoice not paid within 30 days is subject to an 18% per annum (1.5% monthly) service charge.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date